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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/551,847	06/23/2006	Lin Haixiang	NBMP-001	6184
	7590 04/06/200 FIELD & FRANCIS LI		EXAMINER	
1900 UNIVERS	SITY AVENUE	LE, EMILY M		
SUITE 200 EAST PALO A	LTO, CA 94303		ART UNIT	PAPER NUMBER
			1648	
			MAIL DATE	DELIVERY MODE
			04/06/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary	10/551,847	HAIXIANG, LIN	
interview Summary	Examiner	Art Unit	
	EMILY M. LE	1648	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Emily Le</u> .	(3) <u>Peter Brazier</u> .		
(2) <u>Carol Francis</u> .	(4)		
Date of Interview: <u>17 March 2009</u> .			
Type: a)☐ Telephonic b)☐ Video Conference c)☒ Personal [copy given to: 1)☐ applicant 2	2)∏ applicant's representative	<b>;</b> ]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The rejection(s) of record</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTELE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO

Application No.

Applicant(s)

Primary Examiner, Art Unit 1648

/EMILY M LE/